

# Surgical Team Briefing Checklist Sample

Patient Name:

Date:

Procedure:

OR Room:

## Team Member Introductions

All team members have introduced themselves by name and role

## Briefing Elements

- Procedure and site verified by all team members
- Surgical, anesthesia, and nursing plan reviewed
- Allergies confirmed
- Patient positioning discussed
- Availability/function of equipment and implants checked
- Antibiotic prophylaxis confirmed (if applicable)
- Anticipated critical events or special concerns discussed
- Imaging displayed (if needed)

## Questions & Concerns

All team members were given an opportunity to ask questions or voice concerns

Team Leader  
Signature:

Nurse  
Signature: